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Flooded Property Purchase Application Form

Instructions: The requested information is required to determine priority points.

Applications by legal owners must be received by May 30, 2003. Priority points cannot be awarded if incomplete information is provided.

Date				
Nam	ıe	Social Sec	curity Number	
Addı	ress			
Phor	ne Number <u>(W)</u>		(H)	
Parce	el Tax Identification Number	<u></u> <u>-</u>		
Dire	ctions to property			
1.	Do you own your home? If yes, please provide a copy tenants on the property If no, please provide name of	Y N of the deed. If a	applicable, list mort	gage holder and any
2.	Head of Household:			
	Marital Status	Date of Birth	1	Race
	Disabled: Yes No	Sex: Male	Female	
3.	List all persons living in he NOTE: Priority points for each A doctor's certification is reached to the Name Sex Ag	derly residents re	points for a disabilit	y or severe health issues.

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4.	Are you related to or sharing a household with any County employee or County official?					
	If so, please list name of the employee/official					
5.	Type of Structure:Wood frameBlockBrickMobile homeOffgrade					
6.	Size of lot (in acres)					
7.	Date(s) flooding occurred					
8.	When and how often has flooding occurred?					
9.	Did water enter the residential structure? Y N If yes, approximate depth and length of time					
10.	Was the residence damaged by flood waters? Y N If yes, describe damage and estimate cost of repair					
11.	Was access blocked? Y N If so, how long? Road or Driveway?					
12.	Did septic system function properly? Y N If not, how long was it out?					
13.	Was well contaminated? Y N If so, how long?					
14.	Did you receive any federal financial assistance as a result of floods? Yes No					
	If yes, indicate type and amount					
15.	It is necessary to provide documentation of the damage from floods. Please list below the documentation submitted with this application (examples: photographs, insurance claims, videotapes, etc.).					

Flooded Property Purchase Application Check List

_Application Complete
_Property Identification Number
 _Copy of Deed
 _Identification of all household members
 Proof of age/doctor certification of disabling condition
_Damage Documentation (photos, videos)